



City of Carrollton • 315 Bradley Street • Carrollton, Georgia 30117
P.O. Box 1949 • Carrollton, Georgia 30116
City Hall (770) 830-2000 • Fax (770) 830-2026
www.carrollton-ga.gov

This application shall remain active for 90 days. If you wish to renew your application you should notify Human Resources at (770) 830-2000 PRIOR to the 90-day expiration.

Employment Inquiry/Application

(Please print clearly)

Personal Data

Name _____ Today's Date _____

Permanent Address _____

Phone Number _____

Job Interest

Position Applied For _____

Indicate Availability To Work: ☐ Full Time ☐ Part Time ☐ Days ☐ Evenings

Available To Start _____ Desired Wages _____

Have you ever been employed by us before: ☐ Yes ☐ No

Are you legally permitted to work in this country: ☐ Yes ☐ No

Have you ever been convicted of a felony: ☐ Yes ☐ No

Please indicate availability to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Education

Type	Name and Location	Courses Taken	Graduated		
			Yes	No	Enrolled
High School					
College					
University					
Business, Trade, Technical					

Employment History
(List previous employers beginning with most recent)

Company Name _____ Business Type _____
Address _____
Supervisor _____ Supervisor Title _____
Position _____ ☐ Full Time ☐ Part Time ☐ Temporary
Employment Dates (mm/yy): From __ __ / __ __ To __ __ / __ __ Ending Salary: _____
Reason for Leaving: _____ May we contact: ☐ Yes ☐ No

Company Name _____ Business Type _____
Address _____
Supervisor _____ Supervisor Title _____
Position _____ ☐ Full Time ☐ Part Time ☐ Temporary
Employment Dates (mm/yy): From __ __ / __ __ To __ __ / __ __ Ending Salary: _____
Reason for Leaving: _____ May we contact: ☐ Yes ☐ No

Company Name _____ Business Type _____
Address _____
Supervisor _____ Supervisor Title _____
Position _____ ☐ Full Time ☐ Part Time ☐ Temporary
Employment Dates (mm/yy): From __ __ / __ __ To __ __ / __ __ Ending Salary: _____
Reason for Leaving: _____ May we contact: ☐ Yes ☐ No

Professional References
(Please list three professional references below)

Name	Company and Title	Business Telephone	Home Telephone

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

Applicant Signature: _____ Date: _____